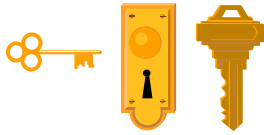


JACKSON FEDERAL BUILDING LOCKWORK / KEY REQUEST



General Services Administration, Region 10

Date: _____

Requested By: _____ Agency

Note: Requester must be either Primary or Alternate Security Contact
(as listed on file with GSA)

Phone: _____ FAX _____

Room Number: _____ Agency WO# _____

Approving Official: _____
(Agency option) _____

Key Requirements:

Room/Door Number: _____
Number of keys required _____

Work Performed:

Client Acceptance: _____

NOTES:

1. GSA Lockshop will contact requester when keys are ready
2. Signature is required at the time of receipt.
3. Keys are required to be returned upon completion of use.

Lockwork Use Only

W/O #: _____

Function Code: _____

Hours Worked: _____

Locksmith: _____

Please FAX this form to 220-5025